



**BOARD OF BARBERING AND COSMETOLOGY**  
**P.O. BOX 944226**  
**SACRAMENTO, CA 94244-2260**  
**INFORMATION: (916) 574-7570**  
**www.barbercosmo.ca.gov**



## CERTIFICATION REQUEST FORM

### Instructions:

- **Please include a non-refundable \$10.00 processing fee (check or money order only).**
- If you are requesting a certification for more than one state, you must submit a separate request and fee for each state.
- The Board will certify training hours for licensee's and applicants who were approved to sit for an examination.
- Do not include applications or documents from other State Boards with this request.
- Please fill out this form completely and accurately. Incomplete forms will delay in processing your request.
- This document is to be returned to the address at the top of this form by mail only, with original signature and the required fee. **Faxed copies will not be accepted.**
- A letter of certification of licensure will be mailed directly to the State indicated on this form in approximately four to six weeks.
- We may be unable to locate your records if you applied and were approved for examination prior to 1997, but you never received a California License.

(Please type or print legibly in ink)

Name on License (First, Middle, Last)		License Type and Number (If applicable)
Current Address		
Number and Street	City	State Zip Code
Birthdate (mm/dd/yy)	Social Security Number*	Phone Number
Name the <u>State</u> where you want your California Letter of Certification mailed (Specify one state only)		
Please include additional information, which may help us locate your records, e.g., year and date licensed or examined, category of license, or other names used.		
<p><i>I certify under penalty of perjury under the laws of the State of California,  that all the information contained herein is true and correct.</i></p>		
X _____ Signature of Licensee		_____ Date

**\* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS**

Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your SSN your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.